

09X763679

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

- ✓ ..... Rejected  
" ..... Allowed  
(Through numeral) ... Canceled  
+ ..... Restricted
- N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

*Amend*  
11/27/63  
12/3/63

| Claim    | Date |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)